

## ACKNOWLEDGMENT OF PATERNITY

This is a legal document. Type or complete in black ink, and do not alter.

### CHILD'S INFORMATION

Name of Child – First, Middle, Last	Date of Birth- MM/DD/YY	Male or Female
Place of Birth – City, County, State	Hospital	

**If you are completing this form after the birth certificate has been filed and want to change your child's last name, put your child's current last name above. Put the new last name for your child here (Please Print):**

\_\_\_\_\_.

### MOTHER'S INFORMATION

Name of Mother – First, Middle, Last	Maiden	Date of Birth – MM/DD/YY
Mother's Address (Street, City, State & Zip Code)	Mother's Social Security Number *	
Mother's Medical Insurance – Company	Policy Number	Mother's Daytime Phone Number

### FATHER'S INFORMATION

Name of Father – First, Middle, Last	Date of Birth – MM/DD/YY
Father's Address (Street, City, State & Zip Code)	Father's Social Security Number *
Father's Medical Insurance – Company	Policy Number
Father's Place of Birth	Hispanic Yes/No
	Father's Daytime Phone Number
	Race

**Parents, Before Signing Please Ensure That All Information Is Correct. Check Names, Dates and Social Security Numbers.**

<p>I have read the back of this form and I understand it. I certify that I am the natural mother and the man named above is the only possible biological father of this child. I consent to this Acknowledgment of Paternity. I request that this child's last name be changed if a new name is indicated above.</p> <p>_____</p> <p>Mother's Signature (current last name)</p> <p>_____</p> <p>Print Name</p>	<p>I have read the back of this form and I understand it. I certify that I am the biological father of the child named above. I accept the obligation to provide child support as determined by state law. I request that this child's last name be changed if a new name is given above.</p> <p>_____</p> <p>Father's Signature (current last name)</p> <p>_____</p> <p>Print Name</p>
<p>State of _____ County of _____</p> <p>Signed and affirmed before me on</p> <p>_____ Day of _____ 20____</p> <p>_____</p> <p>Signature of Notary Public</p> <p>My Commission expires on _____.</p>	<p>State of _____ County of _____</p> <p>Signed and affirmed before me on</p> <p>_____ Day of _____ 20____</p> <p>_____</p> <p>Signature of Notary Public</p> <p>My Commission expires on _____.</p>

<p>_____</p> <p>City, State &amp; Zip code where acknowledgment signed</p>	<p>_____</p> <p>City, State &amp; Zip code where acknowledgment signed</p>
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**\*Disclosure of your Social Security Number is mandatory under P.L. 104-193 and may be used for child support purposes.  
1 White original, 1 White copy, 2 Blue parents**